

WWWP Policy and Procedure Manual
Appendix 6: Covered Screening & Diagnostics for Breast and Cervical Cancer
(revised July 2006)

Breast Cancer	
<p>Covered Screening for Enrolled Women: Women \geq 50 years & Asymptomatic</p> <ul style="list-style-type: none"> • Screening mammogram every 1-2 years for all. • Annual clinical breast exam for all. <p>Women 40-49 years & Asymptomatic</p> <ul style="list-style-type: none"> • Annual clinical breast exam for all women. • For <u>high-risk</u>* women only, screening mammogram every 1-2 years. <p>Testing for enrolled Women with Breast Cancer Symptoms** (all age groups)</p> <ul style="list-style-type: none"> • Clinical breast exam • Diagnostic mammogram and other listed diagnostic procedures per clinical guidelines. <p><i>NOTE: See revised WWWP Eligibility and Enrollment Policy (February 2006) and limited eligibility for women < 45 years.</i></p>	<p>*High Risk Factors for Breast Cancer:</p> <ul style="list-style-type: none"> • Family history of breast or ovarian cancer in 1st degree relative, esp. pre-menopausal (e.g., mother, sister, daughter) • Previous invasive breast cancer, DCIS or LCIS • Previous breast biopsy with proliferative benign breast disease • History of chest radiation • Radiologically dense breasts (e.g., dense fibroglandular tissue) • Hormone replacement therapy • Obesity in postmenopausal women • Alcohol consumption (increased dose increases risk) <p>(NCI - Breast Cancer Prevention and Screening, 2006)</p> <p>**Breast Cancer Symptoms:</p> <ul style="list-style-type: none"> • Breast lump or palpable mass, or • Bloody or serous nipple discharge, or • Breast skin changes (dimpling, retraction, redness), or • Nipple or areolar scaliness

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
<u>New</u> or <u>Established</u> 99385 99395 < 40 years 99386 99396 40 – 64 years 99387 99397 65 & older	Preventive Medicine office visit	Only 1 visit per year. Must include a clinical breast exam and pelvic exam (see Cervical section too).	Abnormal breast exams must be followed up per clinical guidelines.
99201- 99203 New 99211- 99213 Established	Evaluation/Management office visit	Problem office visit for follow-up of abnormal breast findings.	Any abnormal breast exam or mammogram finding must be followed up.

★ Also see the list of covered procedure codes with reimbursement rates, including: codes with professional and technical components (26 or TC modifiers must be included on claims), and codes that can be billed with multiple units.

There must be a completed WWWP Screening or Diagnostic reporting Form on file in order for claims to be paid (screening or diagnosing provider submits Forms).

Breast Procedures Continued

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
76092 or G 0202 (digital)	Screening mammogram - conventional or digital	See “Covered Screening” above. Digital mammogram reimbursed at conventional mammogram rate.	Any abnormal mammogram must be followed up.
76090 (unilateral) or G0206 (digital) 76091 (bilateral) or G0204 (digital)	Diagnostic mammogram - conventional or digital	Additional views can be reimbursed for women with implants or after chest surgery. Digital mammogram reimbursed at conventional rate.	Any abnormal mammogram must be followed up.
76083 or 76082 not covered		<i>Computer aided detection (CAD) is <u>not</u> covered.</i>	
76645 (unilateral or bilateral)	Ultrasound	Reimbursable as follow-up for abnormal breast findings. <i>Not reimbursed for screening.</i>	Any abnormal breast finding must be followed up.
99241 99242 99243	Consultation visit.	After abnormal breast findings and to discuss additional testing. <i>Not to discuss test results or treatment.</i>	
Imaging for Breast Biopsies			
76090 or G0206 76091 or G0204 76645	Mammogram ■ Ultrasound ■	■ On Breast Diagnostic Form, providers must check a results box for mammogram or ultrasound and write-in “done with biopsy” in order to be paid.	
76095	Stereotactic localization each lesion		
76096	Mammogram guidance for needle placement		
76098	Radiological exam surgical specimen		
76942	Ultrasound guidance for needle biopsy.		

Breast Procedures Continued

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
Breast biopsy, incision, excision <ul style="list-style-type: none"> Both physician and facility can be reimbursed for the listed outpatient biopsy procedures Imaging, anesthesia and pathology can also be reimbursed. <i>Room charges, in-patient services, drugs, and non-listed testing are <u>not</u> covered.</i> 		A Breast Diagnostic Form must be submitted for any biopsy-related claims to be reimbursed, and must include: <ul style="list-style-type: none"> Test, date and result Recommendation Status of final diagnosis Final diagnosis Treatment status 	Any abnormal breast findings must be followed up and referred for treatment per clinical guidelines.
19000	Puncture aspiration of breast cyst, surgical only		
19001	Puncture aspiration of cyst, each additional lesion		
19100	Breast biopsy, percutaneous surgical only		
19101	Breast biopsy, open incisional		
19102	Percutaneous needle core, using imaging guidance		
19103	Percutaneous automated vacuum assisted or rotating biopsy, using imaging guidance		
19120	Excision of cyst, fibroadenoma		
19125	Excision of breast lesion identified by pre-op placement of marker, single lesion		
19126	Excision of breast lesion identified by pre-op placement of marker, each additional lesion		
19290	Pre-op placement of needle localization		
19291	Each additional lesion		

Breast Procedures Continued

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
19295	Image guided placement metallic localization clip		
10021	Fine needle aspiration (FNA) without guidance		
10022	Fine needle aspiration with guidance		
99070	Supplies and materials provided by physician over and above those usually included with service rendered.		
Anesthesia for breast biopsies			
00400 or 19100, 19101, 19102, 19103, 19120, 19125, 19126, 19290, 19295 Modifiers: AA, QZ, QK, QY, QX	Anesthesia for covered breast biopsies.	Claim must list CPT code, appropriate modifier, and units of anesthesia.	
Pathology for breast biopsies			
88172	Evaluation of fine needle aspiration		
88173	Interpretation and report of FNA		
88305	Surgical pathology, breast		
88307	Breast excision lesion requiring microscopic evaluation		
88331	1 st tissue block with frozen section, single specimen		
88332	Each additional tissue block with frozen section		

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Cervical Cancer	
<p>Covered Screening for Enrolled Women: Pap test (conventional or liquid-based cytology)</p> <ul style="list-style-type: none"> • Pap test every year • After 3 consecutive negative tests within 5 years, go to Pap test every 3 years • Liquid-based cytology is reimbursed at rate for conventional Pap test <p>High risk for cervical cancer*</p> <ul style="list-style-type: none"> • Pap test every year <p>After a hysterectomy Partial hysterectomy and cervix intact</p> <ul style="list-style-type: none"> • Pap test as above <p>Hysterectomy for cervical cancer</p> <ul style="list-style-type: none"> • Pap test as above <p>Hysterectomy for unknown reasons or history of CIN 2 or 3</p> <ul style="list-style-type: none"> • Pap test as above <p>Hysterectomy and removal of cervix for benign reason</p> <ul style="list-style-type: none"> • Pap tests not covered <p>When to stop screening</p> <ul style="list-style-type: none"> • 65 or older and ≥ 3 consecutive negative Pap tests and otherwise at low risk <p><i>NOTE: See revised WWWP Eligibility and Enrollment Policy (February 2006) and limited eligibility for women < 45 years.</i></p>	<p>*High Risk Factors for Cervical Cancer:</p> <ul style="list-style-type: none"> • Exposure to diethylstilbestrol (DES) in utero (their mother took DES during pregnancy) • Immuno-compromised (e.g., HIV infected, chemotherapy, organ transplant recipients) <p>(may be more likely to acquire HPV infection, but unclear impact on progression to cervical cancer) (ACS and ACOG)</p>

Cervical Procedures Continued

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
<u>New</u> or <u>Established</u> 99385 99395 < 40 years 99386 99396 40 – 64 years 99387 99397 65 & older	Preventive Medicine office visit	Only 1 visit per year. Must include a clinical breast exam and pelvic exam (see Breast section too).	Abnormal Pap tests must be followed up per clinical guidelines.
99201- 99203 New 99211- 99213 Established	Evaluation/Management office visit	Problem office visit for follow-up of abnormal Pap test findings.	Any abnormal Pap test must be followed up.
88164 or P3000	Conventional Pap test	See “covered screenings” above.	
88142 or G0123	Liquid-based cytology	See “covered screenings” above. Liquid-based cytology reimbursed at rate for conventional Pap test.	
88175	Liquid-based cytology with automated screening	See “covered screenings” above. Liquid-based cytology reimbursed at rate for conventional Pap test.	
88141 or P3001	Conventional Pap test requiring interpretation by physician		
87621	HPV DNA test – high risk typing (amplified probe)	Only to follow-up abnormal Pap tests (ASC-US or LSIL), per clinical guidelines. On Cervical Screening Form, providers must write-in “test, result and date” in Pap test section. HPV date of service must be within 3 days of Pap test to be paid. <i>Not covered for screening.</i>	
87620 NOT COVERED	HPV DNA test – high risk typing (direct probe test used by State Lab)	<i>Not covered.</i>	

Cervical Procedures Continued

Procedure Codes Covered	Description	Reimbursement Notes★	Follow-up Notes
Colposcopy & biopsy procedures <ul style="list-style-type: none"> 99212 Eval/Mgmt office visit can also be billed 		A Cervical Diagnostic Form must be submitted for colposcopy or biopsy claims to be reimbursed, and must include: <ul style="list-style-type: none"> Test, date and result Recommendation Status of final diagnosis Final diagnosis Treatment status 	Any abnormal cervical findings must be followed up and referred for treatment per clinical guidelines. <i>Follow-up for uterine or other GYN conditions are <u>not</u> covered.</i>
57452	Colposcopy without biopsy		
57454	Colposcopy with biopsy & endocervical curettage		
57455	Colposcopy with biopsy		
57456	Colposcopy with endocervical curettage		
57505	Endocervical curettage, not done as part of D & C		
88305	Surgical pathology, cervical		
99070	Supplies and materials provided by physician over and above those usually included with service rendered.		

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